

NAVIGATING MEDICARE

THIS PRESENTATION IS FOR EDUCATIONAL PURPOSES ONLY.
DO NOT DISTRIBUTE.

DISCLAIMERS

THIS PRESENTATION IS FOR
EDUCATIONAL PURPOSES ONLY.

FOLLOW UP APPOINTMENTS MAY BE
SCHEDULED AFTER TODAY'S
PRESENTATION.



AGENDA

ELIGIBILITY

COVERAGE OPTIONS

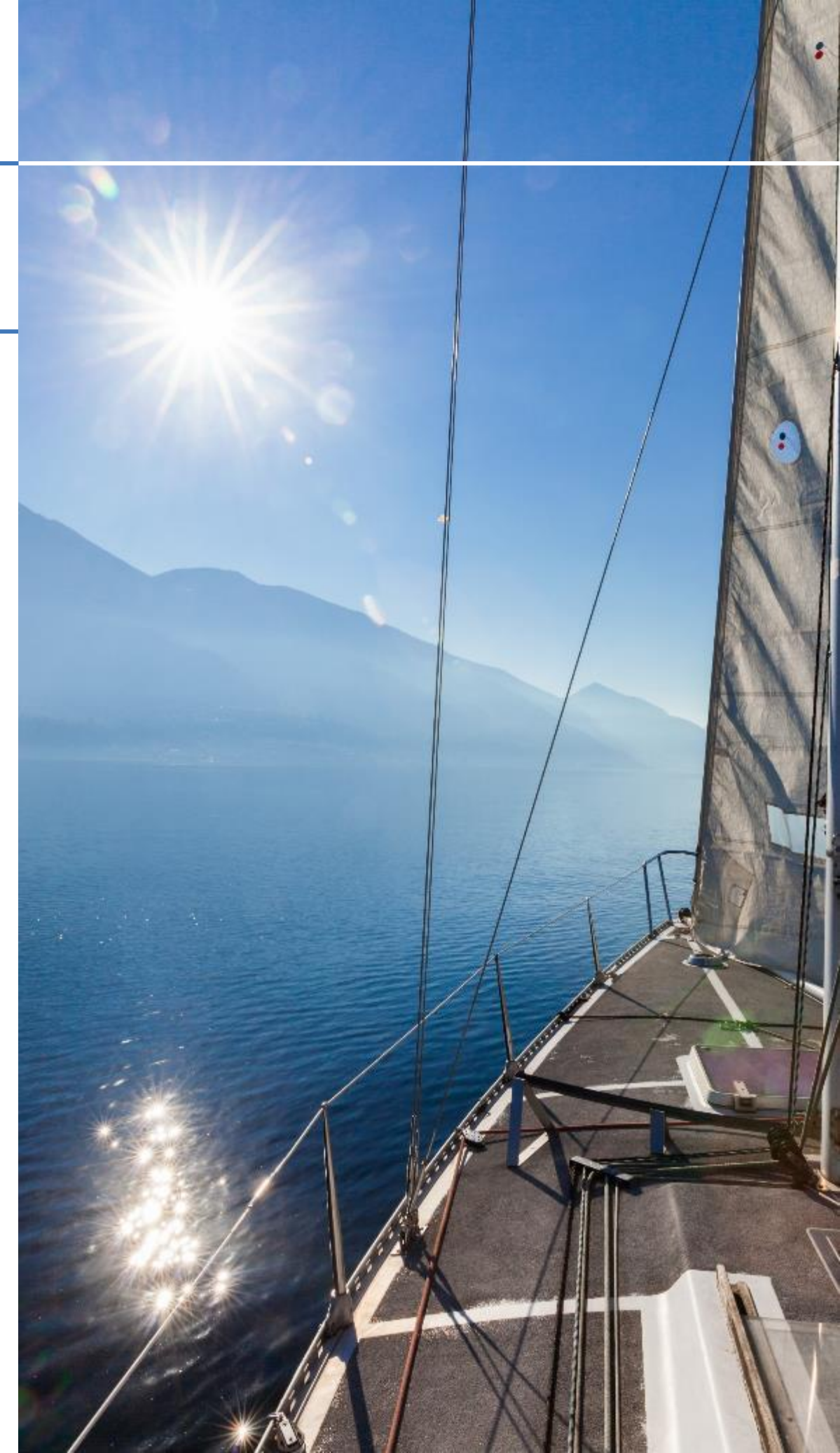
MEDICARE A B C & D DEFINED

FINANCIAL ASSISTANCE

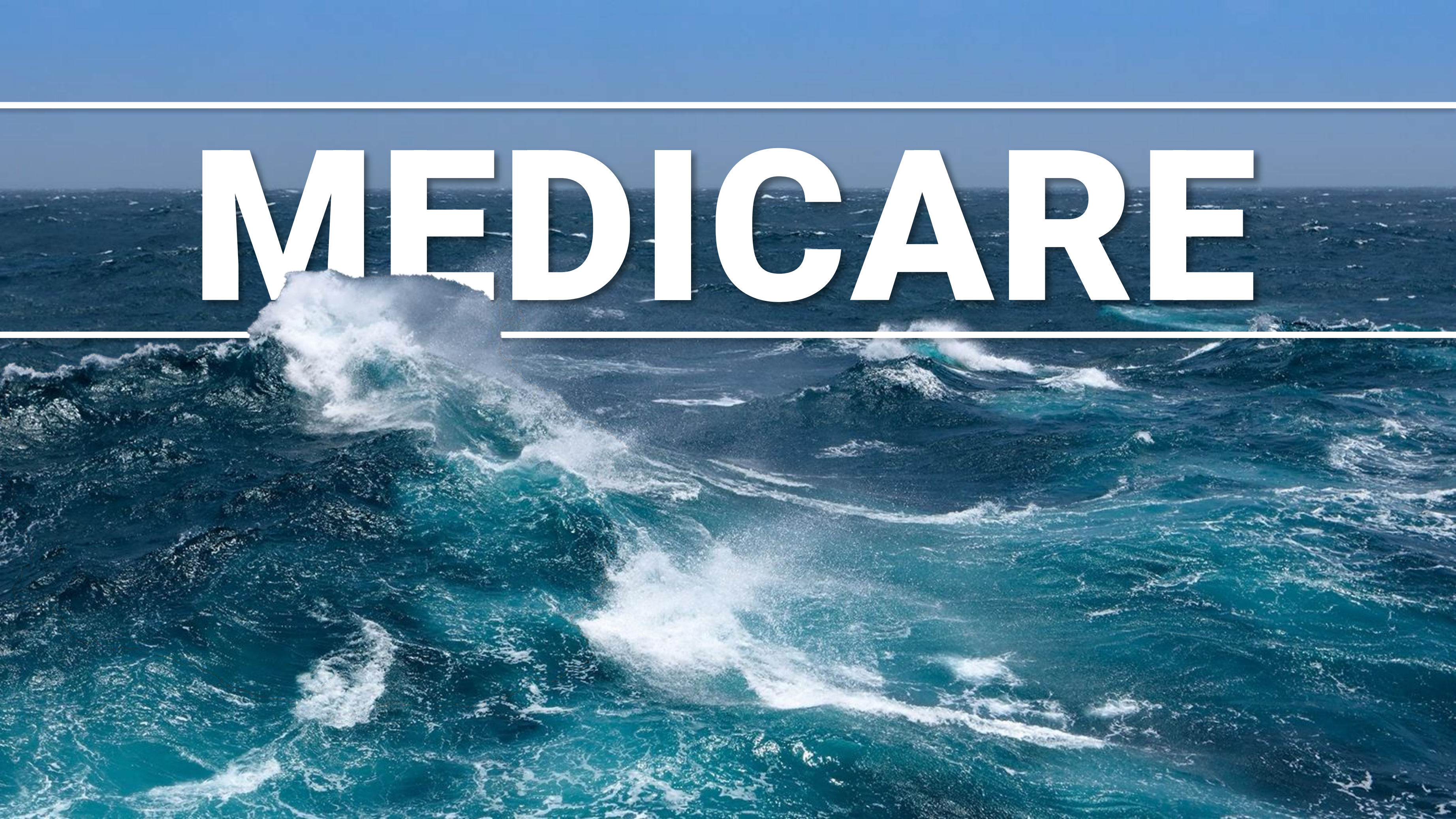
ENROLLMENT PERIODS

WORKING BEYOND 65

NEXT STEPS



MEDICARE



ELIGIBILITY

65 OR OLDER

UNDER 65 WITH CERTAIN DISABILITIES

ANY AGE WITH END-STAGE RENAL DISEASE
(ESRD)

AMYOTROPHIC LATERAL SCLEROSIS
(ALS)



COVERAGE OPTIONS

MEDICARE INSURANCE PART A

MEDICARE INSURANCE PART B

MEDICARE INSURANCE PART C

MEDICARE INSURANCE PART D

MEDICARE SUPPLEMENT





MEDICARE PART A

PART A COVERAGE

INPATIENT HOSPITAL CARE

SKILLED NURSING

HOSPICE

SOME HOME HEALTH



PART A COSTS - 2024

PREMIUM

IF YOU ARE YOU OR SPOUSE PAYROLL SS
FOR AT LEAST 10 YEARS
**IF YOU HAVE PAID MEDICARE TAXES FOR
LESS THAN 40 QUARTERS

\$505

average monthly premium

DEDUCTIBLE

INPATIENT CARE

\$1,632

each benefit period

COINSURANCE

DAYS 1 – 60

\$0

each benefit period



MEDICARE PART B

PART B COVERAGE

DOCTOR VISITS

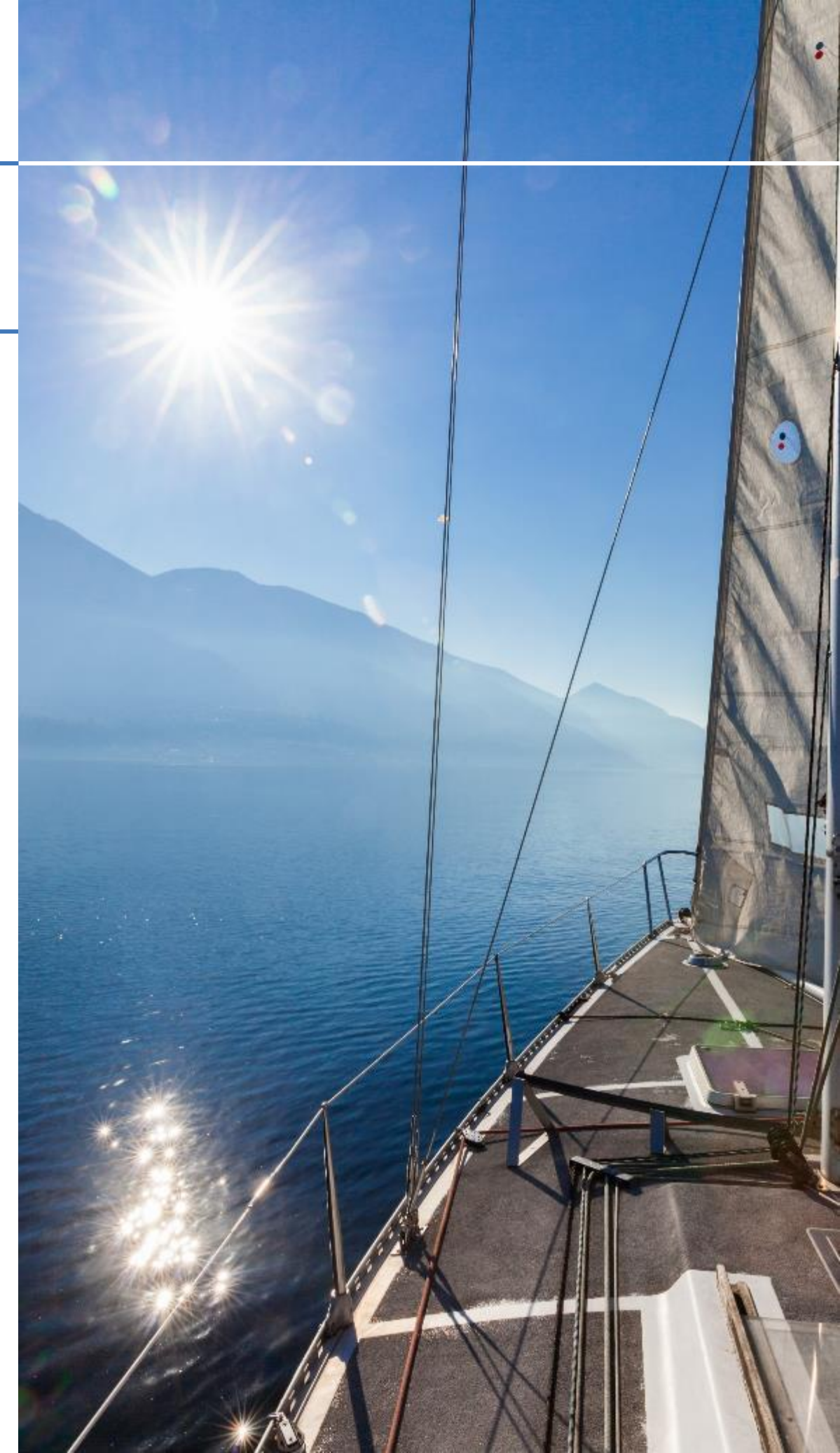
OUTPATIENT HOSPITAL SERVICES

AMBULANCE

LABORATORY SERVICES

OUTPATIENT PHYSICAL & OCCUPATIONAL
THERAPY

DURABLE MEDICAL EQUIPMENT (DME)



PART B COSTS - 2024

PREMIUM
MONTHLY

MAY BE HIGHER DEPENDING
ON INCOME

\$174.⁷⁰
average monthly premium

DEDUCTIBLE

OUTPATIENT TREATMENTS

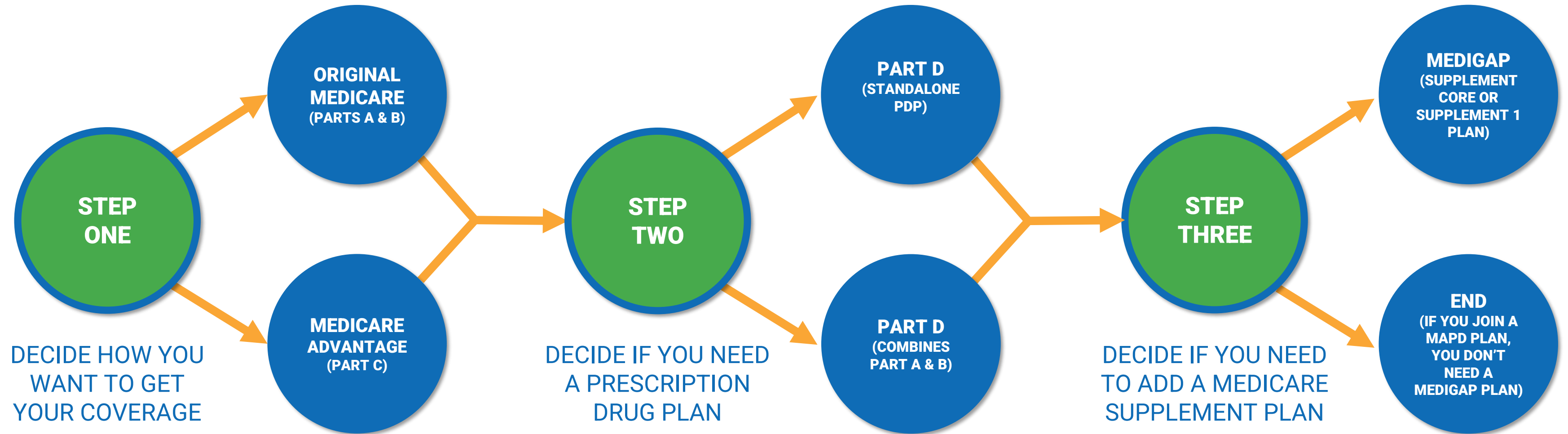
\$240
annual

COINSURANCE
NO CAP- 80/20 SPLIT

DOCTORS VISITS, DURABLE
MEDICAL EQUIPMENT, X-RAYS,
LAB TESTS, ETC.

20%

OPTIONS FOR SUPPLEMENTING MEDICARE





MEDICARE PART C

PART C

HMO HEALTH MAINTENANCE ORGANIZATION PLANS

POS POINT-OF-SERVICE PLANS

PPO PREFERRED PROVIDER PLANS

SNP SPECIAL NEEDS PLANS

PFFS PRIVATE FEE-FOR-SERVICE PLANS

MUST BE ENROLLED IN MEDICARE PART A & B

MEDICARE ADVANTAGE PLAN

CHOICE OF PROVIDERS DEPENDS ON THE PLAN

MOST PLANS HAVE **SERVICE AREAS**, LIMITING
YOUR CARE TO A GEOGRAPHIC BOUNDARY

OFFERED BY **PRIVATE** INSURANCE COMPANIES

ALL PLANS OFFER **NATIONWIDE COVERAGE** FOR
ER, URGENT CARE, AND RENAL DIALYSIS

PLANS WILL ALSO COVER **EMERGENCY CARE**
WORLDWIDE



MEDICARE ADVANTAGE PLAN

OFFERED BY **PRIVATE** INSURANCE COMPANIES

ALL PLANS MUST COVER ALL MEDICARE PART A
& PART B APPROVED SERVICES

AFFORDABLE PREMIUMS

MAY HAVE **ADDITIONAL BENEFITS**





MEDICARE PART D

2024 PART D STAGES

STAGE 1 → DEDUCTIBLE

STAGE 2 → INITIAL COVERAGE

STAGE 3 → COVERAGE GAP

STAGE 4 → CATASTROPHIC COVERAGE

PART D COSTS 2024

DEDUCTIBLE		\$545
INITIAL COVERAGE LIMIT (ICL)	BOTH MEMBER'S COST & PLAN'S COST CONTRIBUTE TOWARD ICL	\$5,030
COVERAGE GAP	GENERIC DRUGS, BRAND DRUGS	25%
CATASTROPHIC COVERAGE	TRUE OUT-OF-POCKET	\$8,000

2025 PART D STAGES

STAGE 1 → DEDUCTIBLE

STAGE 2 → INITIAL COVERAGE

~~STAGE 3 → COVERAGE GAP~~

ELIMINATING COVERAGE GAP FROM STANDARD PART D STAGES

STAGE 4 → CATASTROPHIC COVERAGE

2025 PART D STAGES

STAGE 1 → DEDUCTIBLE

STAGE 2 → INITIAL COVERAGE

STAGE 3 → CATASTROPHIC COVERAGE

PART D COSTS 2025

DEDUCTIBLE	100% OF DRUGS	\$590
INITIAL COVERAGE LIMIT (ICL)	BOTH MEMBER'S COST & PLAN'S COST CONTRIBUTE TOWARD MAXIMUM OUT-OF-POCKET (MOOP)	\$2,000
CATASTROPHIC COVERAGE	MEMBER PAYS \$0 THE REST OF PLAN YEAR	\$0

LATE-ENROLLMENT PENALTY

THE LATE-ENROLLMENT PENALTY (LEP) IS AN **AMOUNT ADDED** TO MEDICARE PART D MONTHLY PREMIUM. MAY BE A LIFELONG PENALTY

YOU MAY OWE AN LEP IF, FOR ANY CONTINUOUS PERIOD OF **63 DAYS OR MORE** AFTER YOUR INITIAL ENROLLMENT PERIOD IS OVER, YOU HAVE **NO CREDITABLE PRESCRIPTION DRUG COVERAGE**

MEDICARE CALCULATES THE PENALTY BY **MULTIPLYING 1%** OF THE NATIONAL BASE BENEFICIARY PREMIUM (\$34.70 IN 2024) BY THE NUMBER OF **FULL, UNCOVERED MONTHS**



An aerial photograph of a turbulent ocean. The water is a deep, dark blue, and the surface is covered in white-capped waves, indicating rough seas. The perspective is from directly above, looking down at the churning water.

FINANCIAL

ASSISTANCE

*MEDICARE PRESCRIPTION PAYMENT PLAN

BEGINNING IN 2025, CMS REQUIRES ALL PART D SPONSERS TO PROVIDE ALL PART D BENEFICIARIES THE OPTION TO ENROLL IN THE MEDICARE PRESCRIPTION PAYMENT PLAN

WHAT IS IT?

Provides beneficiaries the option to pay their cost-sharing amounts (**including any deductibles, copayments, or coinsurance**) in monthly amounts spread out over the plan year, instead of paying them in full at the point of service.



*MEDICARE PRESCRIPTION PAYMENT PLAN

HOW DOES IT WORK?

Part D enrollees **can opt** into the Medicare Prescription Payment Plan (“the program”) at the **beginning of the year** or **any point** during the year.

Part D enrollees who choose to participate in the program **pay nothing** at the **point of service** for a Part D covered drug but are **billed each month** by their Part D plan.

Monthly payments **do not** start until the beneficiary **opts into** the program and first **incurs out-of-pocket** costs for covered Part D drugs.



LOW-INCOME SUBSIDY

EXTRA HELP IS A MEDICARE PROGRAM THAT HELPS PEOPLE WHO HAVE **LIMITED INCOME** AND **RESOURCES** PAY MEDICARE PRESCRIPTION DRUG PROGRAM COSTS, LIKE:

PREMIUMS

DEDUCTIBLES

COINSURANCE



LOW INCOME SUBSIDY

BENEFITS INCLUDE:

LOWER OUT-OF-POCKET COSTS

COVERAGE GAP

SUSPENDING LATE ENROLLMENT PENALTY

LOWER COPAYMENTS

LOW COINSURANCE

SPECIAL ENROLLMENT PERIOD
OPPORTUNITY



LOW-INCOME SUBSIDY

TO **QUALIFY** FOR EXTRA HELP IN 2024,
YOUR ANNUAL INCOME **MUST** BE
LIMITED TO:

\$17,220 FOR AN INDIVIDUAL

\$34,360 FOR A MARRIED COUPLE
LIVING TOGETHER



LOW-INCOME SUBSIDY

THE FOLLOWING **DO NOT** COUNT AS A
RESOURCE:

YOUR PRIMARY RESIDENCE, PERSONAL
POSSESSIONS, AND VEHICLE(S)

RESOURCES NOT EASILY CONVERTED TO
CASH, SUCH AS JEWELRY OR HOME
FURNISHINGS

LIFE INSURANCE POLICIES

BURIAL EXPENSES





MEDICARE SUPPLEMENT

BENEFIT CHART: MEDSUPP PLANS

BENEFITS	PLANS AVAILABLE TO ALL APPLICANTS								MEDICARE 1 ST ELIGIBLE BEFORE 2020 ONLY ¹	
	A	B	D	G ²	K	L	M	N	C	F ²
PART A COINSURANCE & HOSPITAL COSTS (UP TO AN ADDITIONAL 365 DAYS AFTER MEDICARE BENEFITS ARE USED)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PART B COINSURANCE OR COPAYMENT	100%	100%	100%	100%	50%	75%	100%	100% ⁴	100%	100%
BLOOD (FIRST 3 PINTS)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
PART A HOSPICE CARE COINSURANCE OR COPAYMENT	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
SKILLED NURSING FACILITY COINSURANCE			100%	100%	50%	75%	100%	100%	100%	100%
PART A DEDUCTIBLE		100%	100%	100%	50%	75%	50%	100%	100%	100%
PART B DEDUCTIBLE									100%	100%
PART B EXCESS CHARGES				100%						100%
FOREIGN TRAVEL EMERGENCY (UP TO PLAN LIMITS)			80%	80%			80%	80%	80%	80%
OUT-OF-POCKET LIMIT IN 2024 ³					\$7,060 ³	\$3,530 ³				

NOTICE TO BUYER: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. This buyer is advised to review carefully all policy limitations

Note: This chart shows the benefits included in each of the standard Medicare Supplement plans. Some plans may not be available. Every company must make Plan "A" available..

- Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F and high-deductible F.
- Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,340 before the plan begins to pay. Once the plan deductible is met the plan pays 100% of covered services for the rest of the calendar year. Hight deductible Plans F and G do not cover the separate Foreign travel emergency deductible. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.
- Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.
- Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

MEDICARE SUPPLEMENTS

GUARANTEED-ISSUE PERIOD: **6 MONTHS**
FROM PART B EFFECTIVE DATE

UNDERWRITING CAN OCCUR **AFTER** THIS
PERIOD

ANNUAL RATE **INCREASES**

MAY OFFER **ADDITIONAL BENEFITS**,
SUCH AS GYM MEMBERSHIPS AND
VISION DISCOUNTS



MEDICARE SUPPLEMENTS

PLANS C & F ARE **NOT AVAILABLE** TO
THOSE ELIGIBLE FOR MEDICARE **ON OR**
AFTER JANUARY 1, 2020

BENEFICIARIES WHO HAVE MEDICARE
PRIOR TO JANUARY 1, 2020 CAN KEEP
OR ENROLL IN PLANS C & F



A scenic sunset over a body of water. The sky is filled with large, dark clouds that are illuminated from below by the setting sun, creating a dramatic orange and yellow glow. The sun is visible on the left side of the horizon, with its reflection shimmering on the water. In the foreground, there are large, dark, jagged rocks on the left side. In the middle ground, a small boat is visible on the right side of the water. The overall atmosphere is calm and serene.

ENROLLMENT PERIODS

ENROLLMENT PERIODS

INITIAL ENROLLMENT PERIOD (IEP)

THREE MONTHS BEFORE, THE MONTH OF, AND THREE MONTHS FOLLOWING 65TH BIRTHDAY – 7-MONTH WINDOW

SPECIAL ENROLLMENT PERIOD (SEP)

TIMEFRAME DEPENDENT ON THE SITUATION

ANNUAL ENROLLMENT PERIOD (AEP)

OCTOBER 15TH – DECEMBER 7TH

OPEN ENROLLMENT PERIOD (OEP)

MEDICARE ADVANTAGE TO MEDICARE ADVANTAGE (MA to MA)

JANUARY 1ST – MARCH 31ST



ENROLLING

SIGN UP **EARLY**

YOUR INITIAL ENROLLMENT PERIOD:

BEGINS **3 MONTHS BEFORE** THE MONTH
YOU TURN 65

INCLUDES THE MONTH YOU TURN 65

ENDS 3 MONTHS AFTER THE MONTH
YOU TURN 65



ENROLLING

MEDICARE ENROLLMENT BASED ON
DISABILITY OR **MEDICAL CONDITION**

YOU WILL BE AUTOMATICALLY **ENROLLED**
IN MEDICARE PART A & B **AFTER 24TH**
MONTH OF RECEIVING SOCIAL SECURITY
DISABILITY BENEFITS

ENROLLMENT TIMING FOR PEOPLE WITH
ESRD OR **ALS** IS BASED ON THE TIME OF
DIAGNOSIS AND OTHER FACTORS



WORKING BEYOND 65

YOU HAVE MEDICARE **DECISIONS** TO MAKE
AT **AGE 65** EVEN IF YOU HAVE COVERAGE
THROUGH AN EMPLOYER PLAN

YOUR INITIAL ENROLLMENT PERIOD IS THE
SAME WHETHER YOU CONTINUE TO WORK
OR NOT

YOU TYPICALLY HAVE **63 DAYS** TO CHOOSE
A PLAN WITH **NO PENALTY** ONCE YOUR
EMPLOYER PLAN VOLUNTARILY OR
INVOLUNTARILY TERMINATES



WORKING BEYOND 65

MANY PEOPLE WITH **EMPLOYER
COVERAGE** ENROLL IN **JUST PART A**
DURING THEIR IEP

EMPLOYER GROUPS WITH **LESS THAN 20
EMPLOYEES** MAY **NOT** BE ELIGIBLE TO
DELAY PART B

CHECK WITH YOUR EMPLOYER PLAN
BENEFITS ADMINISTRATOR



RESOURCES

1-800-MEDICARE

WWW.MEDICARE.GOV

MEDICARE & YOU HANDBOOK

SOCIAL SECURITY OFFICE

YOUR LOCAL AGENT



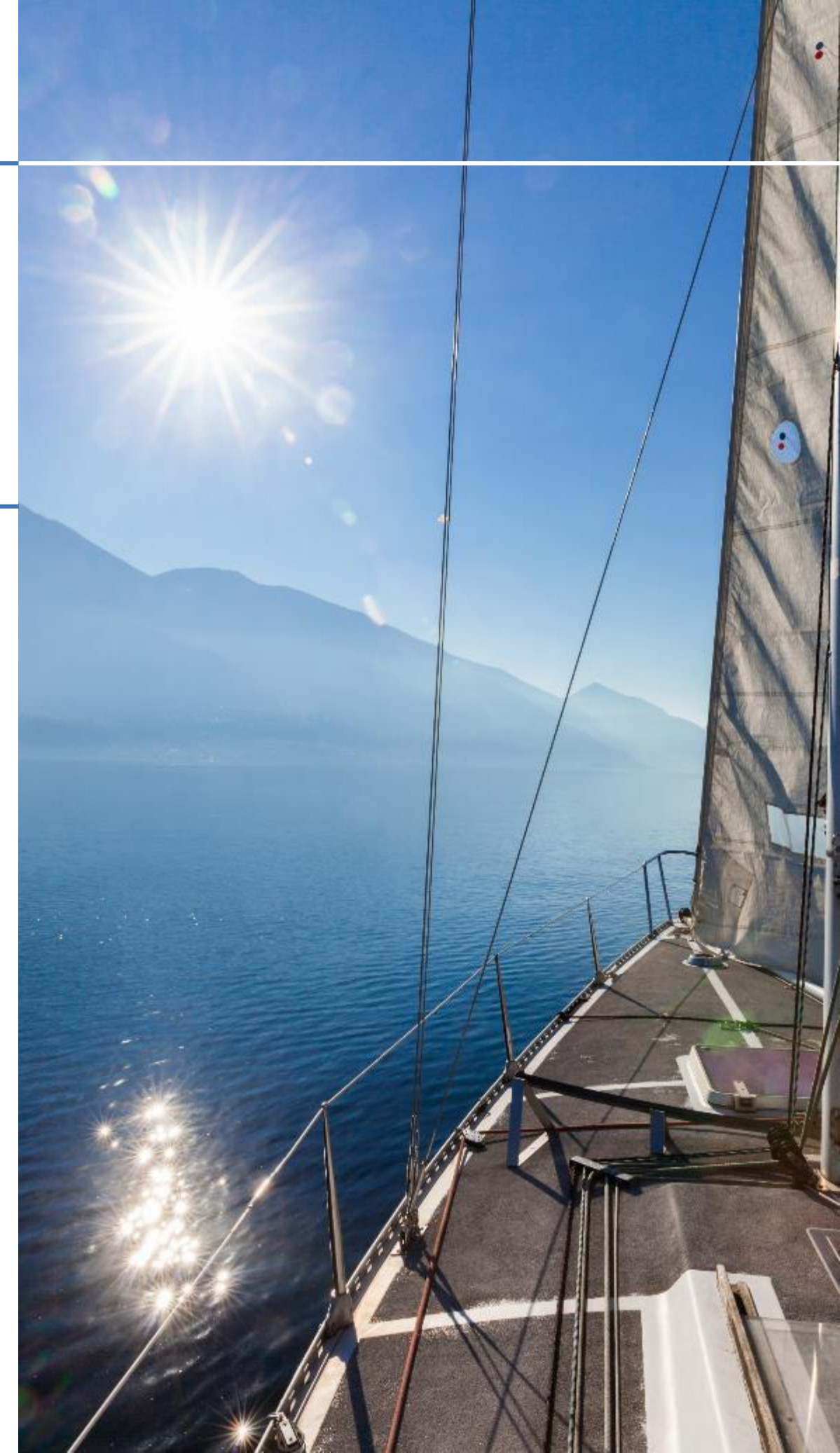
NEXT STEPS

CONTACT ME IF YOU HAVE ANY QUESTIONS OR FILL OUT
THE BUSINESS REPLY CARD SO I CAN CONTACT YOU

AGENT NAME: FIRST LAST

AGENT PHONE: (555) 555-5555

AGENT EMAIL: AGENT@EMAIL.COM



QUESTIONS

A photograph taken from the deck of a ship, looking out over the ocean at sunset. The sun is low on the horizon, creating a bright orange and yellow glow that reflects on the water. The sky is a deep blue with some wispy clouds. In the foreground, the wooden deck of the ship is visible, along with a metal railing and a net. The word "QUESTIONS" is overlaid in large, white, sans-serif capital letters across the center of the image.